



2881/4  
Atty. Dkt. No. 083847-0109

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Chad A. MIRKIN et al.

Title: METHODS UTILIZING  
SCANNING PROBE  
MICROSCOPE TIPS AND  
PRODUCTS THEREOF OR  
PRODUCED THEREBY

Appl. No.: 09/866,533

Filing Date: 05/24/2001

Examiner: William Fletcher

Art Unit: 2881

**AMENDMENT TRANSMITTAL**

Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

☐ Assertion of Small Entity status is enclosed.

☒ The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	195	-	176	=	19	x	\$18.00	=	\$342.00

Independents:	9	-	10	=	0	x	\$86.00	=	\$0.00
First presentation of any Multiple Dependent Claims:		+					\$290.00	=	\$0.00
							0		
CLAIMS FEE TOTAL								=	\$342.00

[ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[ X ] Extension for response filed within the first month:	\$110.00	\$110.00
[ ] Extension for response filed within the second month:	\$420.00	\$0.00
[ ] Extension for response filed within the third month:	\$950.00	\$0.00
[ ] Extension for response filed within the fourth month:	\$1,480.00	\$0.00
[ ] Extension for response filed within the fifth month:	\$2,010.00	\$0.00
EXTENSION FEE TOTAL:		\$110.00
[ ] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$110.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$452.00
[ X ] Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:		\$452.00

[ ] Please charge Deposit Account No. 19-0741 in the amount of \$452.00. A duplicate copy of this transmittal is enclosed.

[ X ] Checks in the amount of \$110 and \$352 are enclosed.

[ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such